



STATE OF MICHIGAN

Jennifer M. Granholm
GOVERNOR

DEPARTMENT OF LABOR & ECONOMIC GROWTH
DAVID C. HOLLISTER, DIRECTOR

Michigan Occupational Safety
and Health Administration
(MIOSHA)

MIOSHA DISCRIMINATION COMPLAINT

Full name:*		Date of Hire:*	Job Title and Department:*		Case No. (Office Use Only)
Address:*			City:*	State:*	Zip Code:*
County:	Telephone No.:	Present Status:*			
<input type="checkbox"/> Still Employed <input type="checkbox"/> Laid Off <input type="checkbox"/> Discharged <input type="checkbox"/> Suspended () days					
Employer :*	Address:*			State:*	Zip Code:*
County:	Telephone No.:	Supervisor or Contact Person:			
Union:*	Union Local No.	Union Address:			
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you filed a grievance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Status of your grievance:	Date your grievance was filed:	Average Hours Worked*	Rate of Pay*	
Did you file a complaint of :*		Date you filed Complaint:			
<input type="checkbox"/> Health <input type="checkbox"/> Safety <input type="checkbox"/> Both					
Date and time discrimination occurred:*	Why do you think you were discriminated against?*				
Did you verbally complain of alleged unsafe/unhealthy conditions to the Employer: <input type="checkbox"/> Yes <input type="checkbox"/> No	To whom, when and what were the results of your complaint:				
Summary of Events:*					
Date:					

***Information Required to Complete Form**